☐ Central Ohio Oil, Inc. ☐ Mid-States Env. Marketing, LLC ☐ U.S. Vac Services, Inc.
☐ RTT of Michigan

Generator and Invoicing Information

Generator: _____
Technical Contact Name: ____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (___) ___-____ Ext: _____ Fax: (___) ___-____
Conditionally Exempt Small Quantity Generator (CESCG): ☐ Yes ☐ No
Billing/ Invoicing Company: _____
Invoicing Contact: _____ E-Mail: _____
Invoicing Address: _____
City: _____ State: _____ Zip: _____
Phone: (___) ___-____ Ext: _____ Fax: (___) ___-____

Waste Material Profile and Characteristics

Common Name of Material: _____
Generating Process: _____

Centralized Waste Treatment (CWT) Process Category as defined in 40 CFR Part 437.
☐ Subpart A: Metal Bearing Waste (40 CFR 437.2.I)
☐ Subpart B: Oils Treatment and Recovery (40 CFR 437.2.p)
☐ Subpart C: Organic Waste (40 CFR 437.2.r)
☐ Waste Generating Process not specified in 40 CFR 437.2 and Oil & Grease >100 ppm.

Physical State @ 70 degrees F.
☐ Liquid
☐ Solid
☐ Sludge
☐ Mixed Phase
Number of Phases ___
% Free Liquids ___
% Settled Solids ___
% Suspended Solids ___

Odor: ☐ None ☐ Mild ☐ Strong
Color: _____

pH	Flash Point	%H_20	Specific Gravity
☐ <2	☐ < 70	☐ <10	☐ < 0.70
☐ 2.1 ï 5	☐ 70 ï 100	☐ 10 ï 25	☐ 0.71 ï 0.90
☐ 5.1 ï 9	☐ 101 ï 140	☐ 26 ï 50	☐ 0.091 ï 1.10
☐ 9.1 ï 12.4	☐ 141 ï 200	☐ 51 ï 90	☐ 1.11 ï 1.20
☐ > 12.5	☐ > 200	☐ > 91	☐ > 1.20

Chemical Composition of Waste (Provided available analysis or MSDS of Chemical/Compounds)

Components	Range	%	PPM
1. _____	Min_____ Max_____	_____	_____
2. _____	Min_____ Max_____	_____	_____
3. _____	Min_____ Max_____	_____	_____
4. _____	Min_____ Max_____	_____	_____
5. _____	Min_____ Max_____	_____	_____

Does this waste stream contain used oil? ☐ Yes ☐No
If yes, is the total organic halide (TOX) concentration > 1000 ppm? ☐ Yes ☐ No

I hereby certify and rebut the presumption that this used oil stream has been mixed with halogenated hazardous waste listed in 40 CFR Part 261, Subpart D. I understand and acknowledge that this used oil waste stream does contain greater than 1000 ppm of total halogens, but the halogen content is not due to mixing the used oil with spent chlorinated solvents or other hazardous halogenated wastes. Any halogenated constituent present in this used waste stream results from and is incident to normal use of any oil product, such as chlorinated additives which are part of the making of the oil product or halogenated raw ingredients used in a manufacturing process.

Generator/Broker Initials _____

Shipping Information

Generator: _____
Waste Material: _____

US DOT Proper Shipping Name: _____
Hazard Class: _____ ID # (UN/NA) _____ Packing Group: _____ RQ: _____

Shipping Unit	Quantity (Galôs)	Frequency	Comments
☐ Tanker	_____	_____	_____
☐ Pump Truck	_____	_____	_____
☐ Vac Truck	_____	_____	_____
☐ Drums	_____	_____	_____
☐ Cu Yd Box	_____	_____	_____
☐ Roll-Off	_____	_____	_____
☐ Other	_____	_____	_____

Regulatory Information

Yes	No	
☐	☐	Unknown Waste
☐	☐	EPA Characteristic Waste (☐D001-Flammable; ☐D002-Corrosive; ☐D003-Reactive)
☐	☐	EPA Toxic Waste (D004-D043) 40 CFR 261.24, If yes list Waste Codes: _____
☐	☐	EPA RCRA Listed Hazardous Waste (F;K;P;U) 40 CFR 261.30
☐	☐	Waste Subject to an exemption, If yes list reference 40 CFR. _____
☐	☐	TSCA Regulated PCB Waste.
☐	☐	Waste contains underlying hazardous constituents (UHCôs).
☐	☐	Regulated or licensed radioactive waste.
☐	☐	Waste subject to benzene NESHAP regulations.
☐	☐	Regulated Subpart CC waste (VOCôs Ó500 PPM).
☐	☐	Regulated ozone depleting substance.
☐	☐	CERCLA regulated (Superfund) waste.
☐	☐	Waste contains asbestos.
☐	☐	Waste contains hexavalent chromium.
☐	☐	Waste subject to land disposal restrictions (LDR ï Land Ban required)

If yes to any question listed above, please provide information below: _____

I hereby certify that I am a authorized agent of the generator and I have personally examined the information submitted on this and all attached document. Based upon analysis and testing or direct knowledge of the waste generation, I believe the submitted information is true, accurate and complete, and that to the best of my knowledge, all known and suspected hazards have been disclosed in accordance with 40 CFR Part 261.

Submit

_____ _____ _____
Name Title Date

Internal Office Use Only
Profile Reviewed By: _____ Date: _____
☐ Accepted Profile No. _____ Process: _____
☐ Rejected Criteria: _____